

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029435

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 2134

STATE FILE NUMBER

FILED JUL 31 1962

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Normandy</b>  |   | c. CITY OR TOWN <b>Overland</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>Normandy Osteopath Hosp.</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>3515 E. Edger</b>   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Marion</b> Middle <b>A</b> Last <b>Gardner</b>   |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>20</b> Year <b>1962</b>  |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>3/20/16</b>                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Caffeteria Cumber work</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Cardinal Glemon Hosp. Tipton, Iowa</b>  |  |
| 13a. FATHER'S NAME<br><b>Jas. Watson Hall</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mimie Wiggins</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 17. INFORMANT<br><b>Mrs. Lucille Wiseman, 5029 Mardel, St. Louis</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Sepsis (General)</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>multiple Lung Abscesses</b><br>DUE TO (b) <b>with Virid Pneumonia?</b><br>DUE TO (c) <b>no</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2</b><br><b>no</b>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour <b>12</b> a.m. <b>11</b> p.m.<br>Month, Day, Year <b>12/1/61</b>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION<br><b>Lowndes, Mo.</b>   |  |
| 21. I attended the deceased from <b>12/1/61</b> to <b>7/20/62</b> and last saw her alive on <b>7/20/62</b><br>Death occurred at <b>10:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE<br><b>Dr. C. T. Salano D.O.</b>  |   | 22b. ADDRESS<br><b>9320 1/2 Courton Rd</b>  |  |
| 22c. DATE SIGNED<br><b>7/20/62</b>  |   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>7/22/62</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Cross Roads Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Lowndes, Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>Louis H. Bopp, Inc., Kirkwood, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>7-21-62</b>  |  |
|   |   | 26. REGISTRAR'S SIGNATURE<br><b>John B. Murphy M.D.</b>   |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Thomas J. McLeod Jr.*

Licensed Embalmer No. 4512

P. O. Address

*Richwood, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.